

2008 CHART Hospital Performance Measures

2008 Measures for Public Report (CalHospitalCompare.org)

MEASURE	DATA SOURCE / COLLECTION REQUIREMENTS
Patient Safety: ICU Measures – Public Report Data	
<ul style="list-style-type: none"> ICU Process Measures <ul style="list-style-type: none"> DVT prophylaxis Stress peptic ulcer prophylaxis VAP prophylaxis – HOB 30 ICU Mortality, Length of Stay 	Observational - 50 observations/quarter – Total 200 per measure across 4 quarters <i>Training certification <u>update</u> required (Available between April & June 2008)</i>
	Chart abstraction - First 100 patients/quarter – Total 400 across 4 quarters <i>Training certification <u>update</u> required (Available between April & June 2008)</i>
Patient Safety: HAPU - Public Report Data	
<ul style="list-style-type: none"> Hospital Acquired Pressure Ulcers (HAPU) 	Quarterly prevalence studies – Total 4 studies per year <i>Training certification required</i>
Patient Safety: Surgical Care Improvement Project / Surgical Infection Prevention – Public Report Data	
<ul style="list-style-type: none"> Timing of antibiotic (SCIP-Inf-1) Selection of antibiotic (SCIP-Inf-2) Duration of prophylaxis (SCIP-Inf-3) 	Quarterly submission by JCAHO vendor
<ul style="list-style-type: none"> Cardiac surgery pts with controlled postop glucose (SCIP-Inf-4) Surgery pts with appropriate hair removal (SCIP-Inf-6) Colorectal surg patients with immediate postop normothermia (SCIP-Inf-7) Surgery patients on beta-blocker therapy prior to admission who received a beta-blocker during periop period (SCIP-Card-2) Surgery pts with recommended VT prophylaxis Rx (SCIP- VTE-1) Surgery pts who received Appropriate VT prophylaxis 24 hrs prior to 24 hrs after surgery (SCIP-VTE-2) 	Quarterly submission by JCAHO vendor; start collection Q1-2008, on CalHospitalCompare February 2009
Acute Myocardial Infarction – Public Report Data	
<ul style="list-style-type: none"> ASA @ arrival ASA Rx at discharge BB @ arrival BB Rx at discharge ACEI for LVSD PCI in 90 for MI Thrombo <30 min SCA/C for AMI patients 	Quarterly submission by JCAHO vendor
<ul style="list-style-type: none"> AMI mortality PCI volume 	OSHPD Report – administrative data (Not Expected in 2008)
Heart Failure – Public Report Data	
<ul style="list-style-type: none"> LV function assess Detailed DC instruct Pt on ACE or ARB SCA/C for HF patients 	Quarterly submission by JCAHO vendor
Pneumonia – Public Report Data	
<ul style="list-style-type: none"> Oxygenation assess 24 hrs Initial antibiotic consist Blood cult b/4 antibio Influ screen or vacc Pneum screen or vacc Antibiotic timing (mean) Antibiotic <4 hrs SCA/C for pneumonia pts 	Quarterly submission by JCAHO vendor
<ul style="list-style-type: none"> Pneumonia mortality 	OSHPD report – administrative data
CABG – Public Report Data	
<ul style="list-style-type: none"> CABG w/ IMA 	OSHPD Report – administrative data
<ul style="list-style-type: none"> CABG mortality 	

Maternity Measures – Public Report Data	DATA SOURCE / COLLECTION REQUIREMENTS
<ul style="list-style-type: none"> • VBAC rate or VBAC offered (measure revised) • Caesarian birth rates – “low risk” labor NSVT rates (measure revised) • 3rd or 4th degree lac – risk adjusted for parity and race • Use of ante-natal steroids in at risk pregnancies 	<p>OSHDP maternity report – administrative data OSHDP/CMQCC</p> <p>Pending OSHDP report; no data collection anticipated OSHDP/CPQCC; no data collection anticipated unless hospital not in CMQCC, CPQCC and/or Leapfrog</p>
Patient Experience – Public Report Data	
<ul style="list-style-type: none"> • HCAHPS - plus 6 	Quarterly submission by patient experience vendor, analyzed every 6 months; plus 6 from July 1, 2007 on
Patient Safety – Public Report Data	
<ul style="list-style-type: none"> • Leapfrog 	2007-2008 annual Leapfrog survey via link to Leapfrog site
Pediatric Measures – Public Report Data	
<p><i>Newborn</i></p> <ul style="list-style-type: none"> • Rate of exclusive breastfeeding at discharge • Rate of very low birth weight (VLBW, <1500 grams) births at hospitals without Level III or community/regional CCS-designated NICU <p><i>NICU</i></p> <ul style="list-style-type: none"> • Rate of late (after day 3) sepsis or meningitis for premature infants • Breastmilk at D/C for very low birth weight babies (VLBW, <1500 grams) • Retinopathy of prematurity 	<p>No data collection anticipated (data comes from OSHDP, birth certificates, CMQCC, or CPQCC) – unless hospital not in CPQCC or a DHS designated hospital</p> <p>CPQCC measure – TBD</p>
<p><i>PICU</i></p> <ul style="list-style-type: none"> • Central line associated blood stream infections (CLABSI) 	NNIS data or direct from hospitals

2008 Measures for Testing

MEASURE	DATA COLLECTION REQUIREMENTS
Pediatrics – Testing	
<ul style="list-style-type: none"> • Antibiotics for appendicitis 	Chart Review necessary – sampling specifications TBD, voluntary participation
Maternity – Testing	
<ul style="list-style-type: none"> • Term Neonatal Outcome Composite 	None – derived from administrative data

Measures Approved for Future Public Report but Not Yet Developed

(pending final specifications and development of tools for data collection)

MEASURE	DATA COLLECTION REQUIREMENTS
<i>PICU</i>	
<ul style="list-style-type: none"> • Ventilator Associated Pneumonia (VAP) 	Under development by NNIS and NACHRI